Name in Full: Albert Frederick Atwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side — County: A. A.

Date of death: 1904 — Month: 5 — Day: 9 — Age: Years: — Months: 5 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Robert Franklin Atwell — Father's Birthplace: Maryland

Mother's Maiden Name: Bertha Bast — Mother's Birthplace: Maryland

Name of person giving Imformation: William Atwell — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Four days

Immediate: Cerebral Meningitis — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr C B Boyd

Address: Shady Side, Md.

Accident or Suicide?

LIBRARY BUREAU A6851G

Name in Full: Robert F Atwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side — County: A A

TO BE ANSWERED BY NEAREST FRIEND

| | | | | | |
|---|---|---|---|---|---|
| Date of death | Month: May | Day: 22 | Age: Years: 59 | Months: | Days: |
| Sex: Male | Color or Race: White | | Birthplace: A.A. Co Md | | |
| Occupation: Farmer | Where Residing if not at place of death: | | | | |
| Married, Single or Widowed: Married | Name of Wife or ~~Husband~~: Minnie Kirchner | | | | |
| Father's Name: Jos Atwell | | | Father's Birthplace: Md | | |
| Mother's Maiden Name: Elizabeth Crandell | | | Mother's Birthplace: Md | | |
| Name of person giving Imformation: W. H. Hulse | | | How related to deceased: Friend | | |

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

| | | |
|---|---|---|
| Primary: Brights Disease | | How long: 5 yrs |
| Immediate: Pulmonary Oedema | | How long: 1 Day |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Geo T Smith M D | |
| | Address: Churchton Md | |
| Accident or Suicide? — | | |

LIBRARY BUREAU A93516

Name in Full: Susanna R Bean

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arnold Sta  County: A. A.

| Date of death | Month | Day | Years | Months | Days |
|---|---|---|---|---|---|
| 1904 | May | 18 | Age 16 | | |

Sex: Female  Color or Race: Colored  Birthplace: A. A. Co.

Occupation: Housework  Where Residing if not at place of death: Arnold Sta

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single  Name of Wife or Husband:

Father's Name: Spencer Bean  Father's Birthplace: A. A. Co.

Mother's Maiden Name: Susanna Lee  Mother's Birthplace: A. A. Co.

Name of person giving Information: Mother  How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:  How long:

Immediate: Acute Indigestion  How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Worthington

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Bunting Ham Phillips Shearer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Annarundel

Date of death: 1904 — Month: May — Day: 16 — Age: Years: 19 — Months: 9 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Clarksburg, W. Va.

Occupation: Midshipman — Where Residing if not at place of death: Wheeling, W. Va.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace: American

Mother's Maiden Name: — Mother's Birthplace: American

Name of person giving Information: Physical Record. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned. accident — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of: John N Doves M.D.

Address: Annapolis Maryland

Accident or Suicide?

LIBRARY BUREAU A85316

Name in Full: Franklin Meyshaw Burch

CERTIFICATE OF DEATH

MARYLAND

Died at ~~South Baltimore~~ Town: Brooklyn County: Md.

TO BE ANSWERED BY NEAREST FRIEND

| | | | | | |
|---|---|---|---|---|---|
| Date of death | 1904 | May | 8th | Age: Years | 35 |
| | | | | Months | 6 |
| | | | | Days | 14 |

Sex: Male

Color or Race: White

Birthplace: Brooklyn, Md

Occupation: Carpenter

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Adeline Burch

Father's Name: Philipp T. Burch

Father's Birthplace: Va

Mother's Maiden Name: Frances Taylor

Mother's Birthplace: Va

Name of person giving Imformation: F. T. Burch

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Killed by Rail Road Train

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Horton M.D.

Address: E. Balto. Md

Accident: ~~—~~

Wm. L. Hawkins Coroner

LIBRARY BUREAU A88818

Name in Full: Henry Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendship; County: Anne Arundel

Date of death: Month: May; Day: 24; 1904

Age: Years: 77; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: A. A. Co. Md.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Eliza Brown Carr

Father's Name: Benjamin

Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Mary E. Childs

Mother's Birthplace: Calvert Co. Md.

Name of person giving information: Julia Wilson

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Don't Know

Immediate: Asthenia — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ethel Chaney

CERTIFICATE OF DEATH

MARYLAND

Died at: West River — Town — a/a — County

Date of death 1904 — Month: May — Day: 29 — Age: Years 3 — Months 8 — Days 21

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James H Chaney — Father's Birthplace: Maryland

Mother's Maiden Name: Angus Tucker — Mother's Birthplace: Maryland

Name of person giving Information: Geo Tucker — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Laryngitis — How long: 1 wk

Immediate: Asphyxia — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Guy W Ratimer

Address: West River Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A3S516

Name in Full: Capt. William Collison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mayo — County: Anne Arundel

Date of death: Month: May — Day: 31 — 1904

Age: Years: 66 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Oysterman

Where Residing if not at place of death: Anne Arundel Co.

~~Married, Single~~ or Widowed: Widower

Name or Wife or Husband: Eugenia Purdy

Father's Name: John Collinson

Father's Birthplace: Talbot Co.

Mother's Maiden Name: Katharine Sewell

Mother's Birthplace: Talbot Co.

Name of person giving Information: Benjamin Brasheas

How related to deceased: Step Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease

How long: 2 yrs.

Immediate: Heart Trouble

How long: 4 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Collinson

Address: South River Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Norman Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: AA

Date of death 1904 — Month: May — Day: 11th — Age — Years: — Months: 10 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Julius G Cooper — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary E. Simms — Mother's Birthplace: Annapolis

Name of person giving information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: Four days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Theodore Cormer

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: 3d. District of; County: Anne Arundel; MARYLAND

Date of death 1904: Month: May; Day: 10th; Age: Years: 78; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Balto Md

Married, Single or Widowed: Maried; Occupation: Retired Farmer

Name of Wife or ~~Husband~~: Rachel L. Cormer

Father's Name: James Cormer; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Theodore Cormer; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Desiase 12; How long: 6 month

Immediate: Exaulem; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: G. L. Ridout M.D.

Address: St Margrets Anles Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Agnes Dorsens

CERTIFICATE OF DEATH

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: Month: May — Day: 1 — Years: 1904 — Age: Months: 4 — Days:

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Dorsens — Father's Birthplace: —

Mother's Maiden Name: Agnes Henson — Mother's Birthplace: —

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns — How long: Three weeks

Immediate: Septicaemia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Redout M.D.

Address: Annapolis Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: George H. Dove

CERTIFICATE OF DEATH

Died at: Town: East Port — County: Anne Arundel — MARYLAND

Date of death: Month: May — Day: 12 — Years: — — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: Anne Arundel

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Louis H. Dove — Father's Birthplace: Annapolis

Mother's Maiden Name: Elsie C. Puckett — Mother's Birthplace: Annapolis

Name of person giving information: Mary Puckett — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus — How long: 7 days

Immediate: Pneumonia — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ARMY 6

Name in Full: Rose Easter Dunlap

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annigers — County: Anne Arundel

Date of death: Month: May — Day: 20 — Year: 1904 — Age: Years: 12 — Months: — — Days: —

Sex: female — Color or Race: White — Birthplace: Annigers

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Melville S Dunlap — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Laura V Jacobs — Mother's Birthplace: A A Co

Name of person giving information: Melville S Dunlap — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: 3 Months

Immediate: Typhoid Fever & Diabetes — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: Thomas A Brayshaw

Address: Glen Burnie

Accident or Suicide?: [redacted]

LIBRARY BUREAU A68816

Name in Full: Anastasia Forysiak

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Curtis Bay; County: A. A. County

Date of death: Month: May; Day: 17; Years: 1904; Age: 23; Months: -; Days: -

Sex: Female; Color or Race: White; Birthplace: Russia - Poland

Occupation: Housework; Where Residing If not at place of death: -

Married, Single or Widowed: Married; Name of Wife or Husband: Stepan Forysiak

Father's Name: Joseph Renninger; Father's Birthplace: Russia Poland

Mother's Maiden Name: Unknown; Mother's Birthplace: Russia Poland

Name of person giving Information: Stepan Forysiak; How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gallstones - ; How long: one year

Immediate: Anasarca; How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Skaku M.D.

Address: 1510 E. Fort Av. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A68816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James Revell Franklin.

Died at: Town: Naturell — County: Anne Arundel

Date of death: Month: May — Day: 14 — Year: 1904 — Age: Years: 23 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: A. A. Co. Md.

Occupation: Clerk — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Alexander Franklin — Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Susie Poddy — Mother's Birthplace: A. A. Co. Md.

Name of person giving In formation: Eva Franklin — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 15 months

Immediate: Tubercular Meningitis — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. N. Perrie

Address: McKendree, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Levin H. Frazier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 190 4: Month: May; Day: 2d.; Age: Years: 69.; Months; Days

Sex: Male; Color or Race: White; Birthplace: Annapolis

Married, Single or Widowed: married; Occupation: Oysterman.

Name of Wife or Husband: Anne A. Hubbard

Father's Name: William Frazier; Father's Birthplace: Kent Co.

Mother's Maiden Name: ——; Mother's Birthplace:

Name of person giving information: William Frazier; How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. J. Murphy

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Elizabeth French

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: May; Day: 6; Age: Years: 5; Months: 1; Days:

Sex: Female; Color or Race: White; Birthplace: Norfolk Va.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William N. French; Father's Birthplace: Norfolk Va.

Mother's Maiden Name: Meriano Woolhison; Mother's Birthplace: " " Va.

Name of person giving Information: Meriano French; How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis; How long: 1 month

Immediate: Exhaustion?; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo Wells M.D.

Address: Annapolis

Accident or Suicide?

M.D.

LIBRARY BUREAU A8881B

Name in Full: Mary Fuller

CERTIFICATE OF DEATH

Died at: Town: Fredtown; County: Ann Arundle; MARYLAND

Date of death: 1904; Month: May; Day: 12.1; Years: Age 61; Months; Days

Sex; Color or Race: Color.; Birthplace: Ann Arundle

Occupation: General Housework; Where Residing if not at place of death

Married, Single or Widowed: widow; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cold. How long: 4 month

Immediate: Drapsy How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thomas H. Brown M.D.

Address: Arundel P.O. A.A. Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88918

Name in Full: Samuel Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: A A

Date of death 1904: Month: May; Day: 12th 11; Age: Years about 60; Months; Days

Sex: Male; Color or Race: Colored; Birthplace

Married, Single or Widowed: Married; Occupation: Oysterman

Name of Wife or Husband: Ellia Selmon

Father's Name: Samuel Green; Father's Birthplace: A. A Co.

Mother's Maiden Name: Phoeba Stevens.; Mother's Birthplace: a a. Co.

Name of person giving In formation: Louis Green; How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inberculosis; How long: Months.

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: John Ridout M.D

Address: Annapolis Md

Accident or Suicide?:

LIBRARY BUREAU A55510

Name in Full: Lilian Inez Grommer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dorsey — County: Anne Arundel

Date of death: Month: May — Day: 30 — Years: 1904 — Age: Months: 8 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: At place of Death

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm J Grommer — Father's Birthplace: Maryland

Mother's Maiden Name: Minnie Catherine Cook — Mother's Birthplace: Maryland

Name of person giving Information: Woller-Cook — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: seven days

Immediate: Diphtheria — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elkridge Howard Co Md

Accident or Suicide? No

LIBRARY BUREAU A89516

Name in Full: John Gross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Friendship — County: Anne Arundel

Date of death: Month: May — Day: 17 — 1904

Age: Years: 26 — Months: — Days: —

Sex: Male

Color or Race: Black

Birth place: Calvert Co. Md.

Occupation: Oysterman

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wesley Gross

Father's Birthplace: Md.

Mother's Maiden Name: Priscilla Hardy

Mother's Birthplace: Md.

Name of person giving Information: Levi Gross

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long: 2 years

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. N. Perrie

Address: McKendree, Md

Accident or Suicide?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Anne Maria Hewson

Died at: Town: Bay Gate  County: A.A.

Date of death: Month: May  Day: 16  Year: 1904

Age: Years: 75  Months:  Days:

Sex: Female

Color or Race: Colored

Birthplace: Prince Geo Co

Occupation: Housework

Where Residing if not at place of death: Bay Gate

Married, Single or Widowed: Married

Name of Wife or Husband: Wm Hewson

Father's Name: George Tull

Father's Birthplace: P.G.Co

Mother's Maiden Name: Anna Tull

Mother's Birthplace: A.A.Co

Name of person giving Information: Richard Hewson

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 4 years

Immediate: Asthenia

How long: Week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm G Richards

Address: City

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: Fannie Hildred Hengst

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brooklyn — County: A. A. Co.

Date of death: Month: May — Day: 24 — 1904

Age: Years: — Months: 9 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Brooklyn

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Benj. Hengst — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Virgin — Mother's Birthplace: Md.

Name of person giving Information: Benj. Hengst — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Cleft palate and hare lip — How long: from birth

Immediate: Inanition — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Robinson M.D.

Address: Brooklyn Md.

Accident or Suicide?

LIBRARY BUREAU A6831G

Name in Full: Jennie Violet Hopkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: May — Day: 14 — Years: — Months: — Days: 24

Sex: Female — Color or Race: white — Birthplace: Annapolis

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James A Hopkins — Father's Birthplace: A. A. Co Md

Mother's Maiden Name: Jennie Riley — Mother's Birthplace: New York

Name of person giving In formation: Mrs Jennie Hopkins — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 2 weeks

Immediate: Convulsions — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: Walter Hurlock's child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stillborn at Annapolis — County: Anne Arundel

| Date of death 1904 | Month | Day | Years | Months | Days |
|---|---|---|---|---|---|
| | May | 15th | | | |

Sex: Male — Color or Race: White — Birthplace: Annapolis

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Walter Hurlock — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: F. K. Thompson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. K. Thompson M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Joanna Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gambrills; County: Anne Arundel; MARYLAND

Date of death 1904: Month: 5; Day: 12

Age: Years: 16; Months: ; Days:

Sex: female

Color or Race: Black

Birth-place: Millersville

Occupation: Domestic

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of wife or Husband:

Father's Name: Moses Johnson

Father's Birthplace: Md

Mother's Maiden Name: Lucinda Wilson

Mother's Birthplace: Md

Name of person giving In formation: Moses Johnson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pregnancy

How long: 6 mos

Immediate: Apoplexy

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide? Neither

LIBRARY BUREAU A85816

Name in Full: Lizzie E Johnson

CERTIFICATE OF DEATH

Died at: Town: West / River — County: Anne Arundel — MARYLAND

Date of death 1904: Month: May — Day: 25th — Years: Age 22 — Months: 6 — Days: 30

Sex: Female — Color or Race: Color — Birthplace: Baltimore

Occupation: House girl — Where Residing if not at place of death: West River

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm Brown — Father's Birthplace: unknown

Mother's Maiden Name: Caroline Johnson — Mother's Birthplace: a a bo

Name of person giving Information: Edward Tyaugh — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs — How long: 1 year

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W Ratemer

Address: West River Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A0B016

Name in Full: Robert Edward Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shady Side; County: A. A.

Date of death 1904: Month: 5; Day: 21; Age: Years: 13; Months: 1; Days:

Sex: Male; Color or Race: Colored; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Robert Johnson

Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Galloway

Mother's Birthplace: Maryland

Name of person giving Imformation: Robert Johnson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Idiocy

How long: Life time

Immediate: Spasms & exaustion

How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. B. Boyd

Address: Shady Side, Md.

Accident or Suicide?

LIBRARY BUREAU 688516

Name in Full: Infant of Edward Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1904 — Month: May — Day: 21 — Age — Years: — Months: — Days:

Sex: Female — Color or Race: Colored — Birth-place:

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Jones 6. — Father's Birthplace: Baltimore

Mother's Maiden Name: Maria Woods — Mother's Birthplace: Annapolis

Name of person giving In formation: Susan Wright — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: —

Immediate: " — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: Susan Wright Midwife

Address: Fleet st

Accident or Suicide: —

LIBRARY BUREAU A8881C

Name in Full: Lloyd Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: May; Day: 30; 1904; Age: Years: 60; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md.

Occupation: Fisherman; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: Lottie Jones

Father's Name: Thomas Jones; Father's Birthplace: Md.

Mother's Maiden Name: Lucy Winston; Mother's Birthplace: Md.

Name of person giving Information: Daniel Jones; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Interstitial Nephritis; How long: One year

Immediate: General Anasarca; How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A6881S

Name in Full: Henry Lane

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole — County: A A

Date of death 1904: Month: May — Day: 17th — Years: Age 90 odd yrs — Months — Days

Sex: Male — Color or Race: Col — Birthplace: A A Co.

Married, Single or Widowed: Widower — Occupation: Invalid

Name of Wife or Husband: Patience Brandford

Father's Name: John Lane — Father's Birthplace: A A Co.

Mother's Maiden Name: Priscilla Lane — Mother's Birthplace: A A Co

Name of person giving information: Son — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: Months

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout

Address: Annapolis Md

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Mrs. Mattie A. Lowe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: South Baltimore; County: A. A.

| Date of death | Month | Day | Age: Years | Months | Days |
|---|---|---|---|---|---|
| 1904 | May | 7th | 26 | 3 | 16 |

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Occupation: Worked in Laundry

Where Residing if not at place of death: 104 N. Greene St. Balto. Md

Married, ~~Single or Widowed~~

Name of Wife or Husband: Thos. A. Lowe

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Lyons

Father's Birthplace: Md

Mother's Maiden Name: Josephine Brown

Mother's Birthplace: Germany

Name of person giving Information: Harry E. Lyons

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Drowning

How long: Immediate

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Horton M.D.

Address: So. Balto. Md

Accident or ~~Suicide~~?

Wm. L. Hawkins Coroner

LIBRARY BUREAU A88816

Name in Full: Thomas Henry Mackall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Friendship — (County): Anne Arundel

Date of death: 1904 May 6 — Age: Years 0, Months 0, Days 19

Sex: Male — Color or Race: Black — Birthplace: A. A. Co. Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Enoch Mackall — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Maggie Bias — Mother's Birthplace: A. A. Co. Md

Name of person giving Information: Charles Bias — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long: 1 day

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Boliava Malanooska

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So. Baltimore; County: Anne Arundel

Date of death: 1904 May 9

Age: Years —; Months 6; Days 4

Sex: Male; Color or Race: White; Birthplace: So. Balto. Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Aleck Malanooska; Father's Birthplace: Russia

Mother's Maiden Name: Stella Stanislava; Mother's Birthplace: Russia

Name of person giving Imformation: Aleck Malanooska; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Convulsions; How long: 2 hours

Immediate: ; How long: 

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. B. Horton M.D.

Address: So. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Eliza Meads.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Naturell — County: Anne Arundel

Date of death: Month: May — Day: 24 — 1904

Age: Years: 36 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: James Meads

Father's Name: Edward Wootten — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Wootten — Mother's Birthplace: Md.

Name of person giving information: Wilson Meads — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary tuberculosis — How long: 7 months

Immediate: Asthaenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: Mackendree, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Portland — County: A. A. Co. — MARYLAND

Date of death 1904 — Month: May — Day: 15 — Age — Years: 21 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jacob Miller — Father's Birthplace: Md.

Mother's Maiden Name: Phoebe Stocket — Mother's Birthplace: Md

Name of person giving Information: Rudolph Gather — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 yrs.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide? —

LIBRARY BUREAU A85516

Name in Full Infant no name

Certificate of Death

Town Eaton County Anne Arundel MARYLAND

Died at

| Month | Day | Y. | M. | D. | Nativa of | Occupation |
|---|---|---|---|---|---|---|
| May | 14 | | | 1 | a u Co | — |

Date 1904 Age

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Singla Widower Number of children living

Husband of

Wife

Father's Name John T. Neidert

Mother's Maiden Name Ida M Moore

Cause of Death: Primary

Immediate Debility

How long sick

—

Accident, Suicide, Homicide

Reported by John T. Neidert

Address Eaton Anne Arundel Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Norfolk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: 2nd District — County: A A

Date of death: 1904 — Month: May — Day: 30th — Age: Years: — Months: — Days: 5 Mon

Sex: Female — Color or Race: White — Birthplace: 2nd District A A Co.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: James A Norfolk — Father's Birthplace: A A Co

Mother's Maiden Name: Margaret F Gatch — Mother's Birthplace: A A Co

Name of person giving information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 1 D

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John R Dorsett MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A0881G

Name in Full: Albert Olsen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: May; Day: 10

Age: Years: 21; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Norway.

Married, Single or Widowed: Single

Occupation: Waterman

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Frank A Waldhauer

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long: 1/2 h

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J J Murphy

Address: Annapolis Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A33516

Name in Full: Mary E Phillips

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burnells — County: A A Co

Date of death: Month: May — Day: 12 — 1904

Age: Years: 84 — Months: — — Days: —

Sex: female — Color or Race: white — Birthplace:

Occupation: housewife — Where Residing if not at place of death: Burnells

Married, Single or Widowed: married — Name of Wife or Husband: Nathaniel Phillips

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Joseph Phillips — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long: ½ hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris Sewell

Address: Sub Deputy and West River

Accident or Suicide? neither

LIBRARY BUREAU A8881G

Name in Full: Maggie Pritchard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn — County: A. A. —

Date of death: Month: May — Day: 26 — 1904

Age: Years: 33 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Prince Georges Co. Md

Occupation: Washerwoman — Where Residing if not at place of death:

Married, ~~Single~~ Widowed — Name of Wife or Husband: Algie Pritchard

Father's Name: Ben Franklin — Father's Birthplace: P.G.Co. Md

Mother's Maiden Name: Unknown — Mother's Birthplace: P.G.Co. Md

Name of person giving Imformation: Algie Pritchard — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: One year

Immediate: " Hemorrhage — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Phil B. Hartman M.D.

Address: Police Surgeon & Asst Coroner So. Balto, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88918

Name in Full: Louis Augustine Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: May — Day: 7 — Age: Years: — Months: — Days: 5

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Parkinson — Father's Birthplace:

Mother's Maiden Name: Annie Richardson — Mother's Birthplace: Annapolis

Name of person giving Information: Maria Travers — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 24 hours

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. S. Welch Health Office

Address: Annapolis

Accident or Suicide? —

LIBRARY BUREAU A33518

Name in Full: Daniel Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: So. Balto — Town: — County: A. A.

Date of death: 1904 May 30 — Age: Years 36 Months — Days 1

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Labover on Farm — Where Residing if not at place of death:

Married, Single, Widowed — Name of Wife or Husband: Annie Robinson

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Imformation: Lizzie Harvey — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

Immediate: Pulmonary Tuberculosis — How long: One Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Hunton M.D.

Address: Police Surgeon + Asst Coroner

So. Balto. Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: David Ruth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn — County: A. A.

Date of death: 1904 May 16 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Painter — Where Residing if not at place of death: 148 Chester St. Balto.

Married, Widowed or Single: [redacted] — Name of Wife or Husband: Mamie Ruth

Father's Name: Sylvester Ruth — Father's Birthplace: Germany

Mother's Maiden Name: Annie M. Harner — Mother's Birthplace: Germany

Name of person giving Information: John D. Ruth — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental — How long: Instant

Immediate: Drowning — How long: Instant

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. B. Horton M.D.

Address: [redacted] So. Balto, Md.

Accident [redacted]? Accident

Wm. L. Hawkins Coroner

LIBRARY BUREAU A88816

Name in Full: Katharine Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A.

Date of death 1904: Month: May; Day: 30

Age: Years: 62; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: White Hall

Married, Single or Widowed: Widow

Occupation: Housework

Name of Wife or Husband: Perry Smith

Father's Name: Henry Stepney

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Unknown

Mother's Birthplace: " " "

Name of person giving information: Matilda Lingy

How related to deceased: adopted Child

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A688516

Name in Full: Richard Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A

Date of death 1904 — Month: May — Day: 22nd — Years: 3 — Months: 8 — Days:

Sex: Male — Color or Race: Colored — Birthplace: A A Co.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Henson Stewart — Father's Birthplace: A A Co

Mother's Maiden Name: Lizzie Stewart — Mother's Birthplace: A A Co.

Name of person giving Information: Mother — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: Several months

Immediate: Exhaustion — How long: months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Royal Edward Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: May — Day: 18 — Age — Years: — Months: — Days: Five

Sex: Male — Color or Race: White — Birthplace: Annapolis

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Edward Thomas — Father's Birthplace: Annapolis

Mother's Maiden Name: Maggie " — Mother's Birthplace: Annapolis

Name of person giving Information: Carrie B. Russell — How related to deceased: Sister-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Parturition (Premature Birth) — How long: 5 days

Immediate: Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. D. Herrod

Address: Annapolis, Md.

Accident or Suicide? Neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A88310

Name in Full: Leroy Wallace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Patuxent — County: Anne Arundel

Date of death 1904: Month: 5 — Day: 20 — Age: Years: — Months: 1 — Days: 14

Sex: male — Color or Race: Black — Birthplace: Woodwardville

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband:

Father's Name: Benjamin Wallace — Father's Birthplace: Baltimore

Mother's Maiden Name: Virginia Branford — Mother's Birthplace: A.A.C.O.

Name of person giving Information: Charles Branford — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long:

Immediate: Malnutrition — How long: from birth

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J. W. DuBois M.D.

Address: Jamaica

Only Saw the child once. Never Doctored it. — Accident or Suicide? — J. W. DuBois M.D.

LIBRARY BUREAU A36516

Name in Full: Virginia Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Patuxent — County: Anne Arundel — MARYLAND

Date of death 1904 — Month: 5 — Day: 27 — Age: Years 36 — Months 4 — Days 16

Sex: female — Color or Race: Black — Birthplace: Conways Mill

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Benjamin Wallace

Father's Name: Joseph Branford — Father's Birthplace: A.A.Co.

Mother's Maiden Name: Ellen Hawkins — Mother's Birthplace: Woodwardville

Name of person giving information: Benjamin Wallace — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of the Mitral Valve of the heart — How long: 7 Weeks

Immediate: Paralysis — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. DuBois MD

Address: Jambville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Louise West

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: May — Day: 6 — Year: 1904

Age: Years — Months: 3 — Days: 13

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: 38 Franklin St.

~~Married~~, Single or ~~Widowed~~: Single — ~~Name of~~ Wife or Husband:

Father's Name: Charles West — Father's Birthplace: Annapolis

Mother's Maiden Name: Peggy Jackson — Mother's Birthplace: Annapolis

Name of person giving information: Charles West father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Richardson M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Unnamed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairfield — County: a a

Date of death: Month: J — Day: 17 — Year: 1904 — Age: Years — Months — Days —

Sex: Female — Color or Race: Col — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Wm. Williams — Father's Birthplace: Va

Mother's Maiden Name: Mary Sims G — Mother's Birthplace: Md

Name of person giving Information: Mother — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas A Brooke

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Frederick Hilling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: 1904 | Month: May | Day: 25th | Age: Years: 48 | Months: 7 | Days:

Sex: Male | Color or Race: White | Birthplace: Erie, Pa.

Occupation: Eng. Clk. at Naval Academy | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Wm Hilling | Father's Birthplace: Germany

Mother's Maiden Name: Marie Frick | Mother's Birthplace: Weimer Saxony

Name of person giving Information: Mary Alden Hilling | How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 3 weeks.

Immediate: Int. Internal haemorrhage | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. D. Lourdes Snyder

Address: Naval Academy Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: ~~Mary~~ Annie Wolfington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Binfield — County: Anne Arundel

Date of death: Month: May — Day: 2 — Year: 1904 — Age: Years: 18 — Months — Days

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: John Wolfington — Father's Birthplace: Balto. Co. Md

Mother's Maiden Name: May Jane Rodgers — Mother's Birthplace: A. A. Co. "

Name of person giving Imformation: John Wolfington — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemia — How long: one month

Immediate: ~~Chol~~ Childbirth — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. B. Gantt M. D

Address: Millersville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88518